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27777 7590 1204/2009
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Jamie D. Wardell (Depositor's name)
[Signature] (Signature)
2/22/2010 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/671,820 09/26/2003 Michael C. Jones DEP5086USA 6924

TITLE OF INVENTION: RADIAL IMPACTION BONE TAMP AND ASSOCIATED METHOD

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional NO \$1510 \$300 \$0 \$1810 03/04/2010

EXAMINER	ART UNIT	CLASS-SUBCLASS
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SWIGER III, JAMES L

3775

606-053000

02/22/2010 MGBREM2 00000090 100750 10671820

01 FC:1501

1510.00 DA

02 FC:1504

380.00 DA

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
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- 1 _____
2 _____
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 1.311. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Recordal Date: 09/26/2003

Reel/Frame: 014548/0537

DEPUY ORTHOPAEDICS, INC.

WARSAW, INDIANA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

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- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature /Cynthia K. Barnett/

Date 02/22/2010

Typed or printed name Cynthia Barnett

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